



U.S. Department of Justice
Federal Bureau of Prisons

Health Services Division

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MEMORANDUM FOR ALL MEDICAL PROVIDERS

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FROM: Elizabeth Stahl, D.O.
Medical Director

SUBJECT: Post-COVID Conditions; ICD-10 code U09.9

A post-COVID Condition has been loosely defined by the Centers for Disease Control and Prevention (CDC) as an umbrella term for the wide range of health consequences present more than four weeks after infection with SARS-CoV2 (COVID-19). Several other terms are also being utilized to capture post-acute sequelae to include "long COVID", "long haul COVID", "post-COVID syndrome", etc. Common persistent physical symptoms include fatigue (15-87%), dyspnea (10-71%), chest pain or tightness (12-44 %), and cough (17-34%). **ICD-10 code U09.9** was just recently approved on June 30, 2021 by the CDC's National Center for Health Statistics (NCHS) to capture the Post-Acute Sequelae of COVID-19.

The Federal Bureau of Prisons has partnered with the CDC to continue monitoring the impact of COVID-19 in our incarcerated patients. We urge all medical providers to begin immediately utilizing the **ICD-10 code U09.9** when clinically appropriate. We recognize that the science defining post-COVID conditions continues to evolve, and that clinical judgement will be exercised in determining the most likely culprit to explain the compilation of symptoms observed in your patients. There have been several observational studies which have described common persistent symptoms of post-COVID condition. For a list of most commonly reported persisting symptoms, please refer to the following CDC link:

[Post-COVID Conditions: Information for Healthcare Providers \(cdc.gov\)](#) Early recognition of new, recurring or persistent symptoms in patients who have been previously diagnosed with COVID-19 is a critical step in facilitating long-term patient care. It is imperative to recognize that many of these symptoms could represent the accelerated exacerbation of pre-existing conditions such as lung, heart, or renal disease. We call your attention to two unique presentations:

Multisystem inflammatory (MIS-A), a rare illness, which may develop 2-5 weeks after onset of SAR-CoV-2 infection. MIS-A is

characterized by GI and dermatologic manifestations with associated laboratory findings of elevated inflammatory markers, (e.g. CRP and ferritin), coagulopathy, (e.g. elevated D-dimer), and elevated cardiac markers, (e.g. troponin levels).

Post-intensive care syndrome (PICS), may develop in COVID-19 patients who required intensive care unit (ICU) for management of severe disease. Patients with PICS can present with cognitive symptoms, (e.g. poor concentration, decreased memory), physical symptoms (e.g. fatigue, weakness, breathlessness), and emotional symptoms, (e.g. anxiety, depression, post-traumatic stress disorder). PICS can last for weeks to months following ICU discharge.

Because there is such an array of different presentations, it is recommended that patients undergo a post-COVID assessment and follow up according to the severity of their symptoms, as follows:

Asymptomatic patients: Perform a basic targeted visit, and if stable, patient can resume age-appropriate preventive care. Instruct patient to report any newly developed symptoms.

Minimally symptomatic: Should be evaluated for post-COVID visit at 3 and 6 months for a total of 2 visits and enrolled in Infectious Disease Clinic until symptoms resolve.

Moderately or severely symptomatic: a targeted COVID-19 post-hospital discharge assessment should be completed upon return to the institution for thorough documentation of any lingering symptoms. Enroll patient in Infectious Disease Clinic and schedule monthly follow-up visits until symptoms are resolved or the patient is minimally symptomatic.

Diagnostic and treatment plans are symptom-driven at the clinical discretion of the provider. Guidance in this field is continuously evolving. Please refer to UpToDate ([Search - UpToDate](#)), which is now available to all BOP medical providers for more information on post-COVID conditions.

If you have any questions, please reach out to your respective Clinical Director or Regional Medical Director.